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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number SF/0018.04

First Named Inventor Bodnar

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Data Processing Environment with Methods Providing Contemporaneous Synchronization of Two or More Clients

the specification of which

(Title of the Invention) is attached hereto

OR

 was filed on (MM/DD/YYYY) [redacted] as United States Application Number or PCT International

Application Number [redacted] and was amended on (MM/DD/YYYY) [redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/069,731	12/16/97	
60/094,972	7/31/98	
60/094,824	7/31/98	

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number → Place Customer Number Bar Code Label here

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
C. George Yu	43,301		
John A. Smart	34,929		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	C. George Yu		
Address	Starfish Software, Inc.		
Address	1700 Green Hills Road		
City	Scotts Valley	State	CA
Country	U.S.A.	Telephone	(408) 461-5962
		Fax	(408) 461-5900

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Eric O.		Bodnar					
Inventor's Signature						Date	8/18/98
Residence: City	Capitola	State	CA	Country	U.S.	Citizenship	U.S.
Post Office Address	4870 Emerald Avenue						
Post Office Address							
City	Capitola	State	CA	ZIP	95010	Country	U.S.

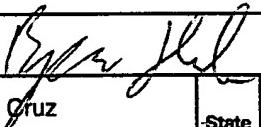
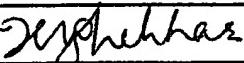
Additional inventors are being named on the 2. supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Chris		LaRue						
Inventor's Signature							Date	<i>Aug 18, 98</i>
Residence: City	Santa Cruz	State	CA	Country	U.S.	Citizenship	U.S.	
Post Office Address	75 Glen Canyon Road							
Post Office Address								
City	Santa Cruz	State	CA	ZIP	95060	Country	U.S.	
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Bryan		Dube						
Inventor's Signature							Date	<i>8/18/98</i>
Residence: City	Santa Cruz	State	CA	Country	U.S.	Citizenship	U.S.	
Post Office Address	1710 Bay Street							
Post Office Address								
City	Santa Cruz	State	CA	ZIP	95060	Country	U.S.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Shekhar		Kirani						
Inventor's Signature							Date	<i>08/18/98</i>
Residence: City	San Jose	State	CA	Country	U.S.	Citizenship	India	
Post Office Address	1324 S. Winchester Blvd, #81							
Post Office Address								
City	San Jose	State	CA	ZIP	95128	Country	U.S.	

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Sethuraman		Suresh					
Inventor's Signature							Date 8/18/98
Residence: City	Santa Cruz	State	CA	Country	U.S.	Citizenship	U.S.
Post Office Address	440 Walnut Avenue						
Post Office Address							
City	Santa Cruz	State	CA	ZIP	95060	Country	U.S.
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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